## Design & Construction (DDC)



OFFICE OF THE CITY CLERK City and County of Honolulu Honolulu Hale Honolulu, Hawaii 96813-3077 Telephone: 768-3810



2014 JAN -6 AM 8: 00

## PUBLIC DISCLOSURE FORM FOR CALENDAR YEAR \_\_\_\_\_ 2014

(PRINT	OR TYPE CLE	EARLY)		
NAME	MARK	YONAMINE	POSITION/ELECTIVE OFFICE _	DEPUTY DIRECTOR
DEPAF	RTMENT/AGEN	cy <u>Design</u> & cap	USTRUCTION	
NAME	OF SPOUSE	N/A		
Check	the appropriate	box and fill in any applicable	dates:	
	INITIAL STATI You must file w	EMENT: Date on which you a vithin twenty (20) working day	assumed office or began employment in this position ys after this date disclosing financial interests held during	g the preceding calendar year.
$\checkmark$	ANNUAL STA	TEMENT: You are required to	to file not later than January 31 of each year disclosing a	Il financial interests held during the
	LEAVING OFF	FICE STATEMENT: You are twithin ten (10) working days	leaving or have left your office ons of that date. You must disclose financial interests held	and mus
	CANDIDATE S disclosing inter	STATEMENT: You must file rests held during the calenda	no later than ten (10) working days after the deadline for ryear preceding the due date of the statement.	filing as a candidate for office
			VERIFICATION	
knowle	I declare that I dge the informat	have used all reasonable dil ion provided in this form is tr	ligence in preparing this form, that I have reviewed Item rue and correct.	Nos. 1 through 9, and to the best of m
Date _	1/3	, 20 14 .	Signature M. Jmann	

## **GENERAL INSTRUCTIONS**

All questions must be answered in regard to your	self, your spouse.	, and all dependent children.	Use Abbreviations:
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"F" for filer

"SP" for spouse

"DC" for dependent children

"JT" for joint interests of the filer and filer's spouse

All items on the form must be completed. If you have no information to disclose under a particular item, check "None". If additional space is required to complete an item, check "Additional sheets attached". Make a copy of your completed financial disclosure form for your records for future reference.

Disclosures need not be made by exact dollar amounts but may be reported by "range of value". You may indicate the value of a reportable interest by using the appropriate letter from the following codes:

A. Less than \$1,000 E. \$50,000 - \$99,999 B. \$1,000 - \$9,999 F. \$100,000 - \$149,999 C. \$10,000 - \$24,999 G. \$150,000 - \$199,999 D. \$25,000 - \$49,999 H. \$200,000 - \$299,999	<ul> <li>I. \$300,000 - \$399,999</li> <li>J. \$400,000 - \$499,999</li> <li>K. \$500,000 - \$599,999</li> <li>L. \$600,000 - \$699,999</li> </ul>	<ul> <li>M. \$700,000 - \$799,999</li> <li>N. \$800,000 - \$899,999</li> <li>O. \$900,000 - \$999,999</li> <li>P. At least \$1,000,000</li> </ul>
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1. **INCOME.** Only report compensation earned for services rendered equal to \$1,000 a year or more from any employment including, but not limited to, income from the City, retirement, social security, and deferred compensation. Do not report interest, dividends, alimony, property settlements, or child support payments. Individual items of compensation that constitute a portion of the gross income of a business or profession need not be disclosed. Report income from rental property here.

None Additional sheets attached

Recipient	Employer/Source	Position/Service Rendered	When	Annual Income
F	иту	defuty director, doc	wrent	F

Person(s) Incurrir	ng Debt	Creditor		0-1-1-	II oon America		
N/A		Creditor		Origina	I Loan Amount	<i>F</i>	Amount Outstanding
or more or equa accounts in fed	ii to 10% or more c	of ownership of bus lated financial inst	inesses incorpo	rated, regulate	ed, or licensed to carry	on busin	ets having a value of \$5,00 less in Hawaii. Do not repo mutual fund or blind trust,
or more or equa accounts in fed	eral or state regut is disclosed unde	of ownership of bus lated financial inst	inesses incorpo	rated, regulate	ed, or licensed to carry	on busin	ess in Hawaii. Do not renoi
accounts in fed the fund or trust	eral or state regult is disclosed under Additional Busines	of ownership of bus lated financial inster this item.	inesses incorpo	rated, regulate insurance po	ed, or licensed to carry	on businems in a r	ess in Hawaii. Do not renoi
or more or equal accounts in fed the fund or trust	eral or state regult is disclosed under Additional Busines	of ownership of bus lated financial inster this item.  al sheets attached ss Name and	inesses incorpo itutions, mutual	rated, regulate insurance po	ed, or licensed to carry licies, or individual ite	on businems in a r	ness in Hawaii. Do not repor mutual fund or blind trust,
or more or equal accounts in fed the fund or trust None  Owner(s)	eral or state regult is disclosed under Additional Busines	of ownership of bus lated financial inster this item.  al sheets attached ss Name and	inesses incorpo itutions, mutual	rated, regulate insurance po	ed, or licensed to carry licies, or individual ite	on businems in a r	ness in Hawaii. Do not repor mutual fund or blind trust,

	one Addition	onal sheets attache	ed 	T		·
Ov	vnership or Interest		Date of Transfer			
	H/A					
organizatio	on, whether or not of	perated for profit.	de, but are not limited to, Fiduciary positions also n non-profit corporations	include bei	directorships, or positions asing a majority shareholder in	trustee in any business n a small or closely he
No	one Additio	nal sheets attache	d			
Position	Holder	Name & Add	ress of Business or Orga	anization	Term of Office	Annual Compensation
NA						

						_	
6.	CREDITOR INTERESTS	Additional sheet		000 or more.			
	Holder		Name & Address of	of Business	Nature of Busin	ess	Value
	NA						
						i	
7.	CLIENTS PERSONALLY the preceding calendar you authority and do not need	ear. Do not rep	ort representation invol	CIES. Only report ving ministerial m	representation for whatters. "Ministerial i	ich you rece natters" do	eived compensation during not require discretionary
	☑ None ☐ A	Additional sheets	s attached				
	Representative		Client	City	Agency	Nature	e of Representation
	NA						
			į				

reasonable ma	anner, such as assesso	ed value. heets attached			
Owner(s)	Tay Man	Key Number & Stre	et Address	Value	Vaca Obtained
NIA	I ax Map	Key Number & Sire	et Address	value	Year Obtained
9. <b>REAL PROPE</b> year. For this i	RTY TRANSFERRED tem, indicate the actua	. Only report real pr	roperty transferred in	n the City and County of Honolulu less than the value (as in the ca	during the preceding calendar
None		neets attached		,	
Seller/Donor	Buyer/Donee	Date	Price	Tax Map Key Numbe	er & Street Address
N/A					